

Transfer/Shipping Request (See Instructions on Reverse)					Page of		Doc No.					
1. From Pickup Location Contact Phone:		3. Originator's Name, Code, Phone FAX No. Date:		6. Authority for Shipment <input type="checkbox"/> A. P.O./Contract/Task No. (Gaining & Losing if Appl.) <input type="checkbox"/> B. Project Name <input type="checkbox"/> C. Letter/Loan Agreement (Date, Subject, File No.) _____ _____ _____ <input type="checkbox"/> D. Other (Explain in # 16)		8. Property Custodian Approval Date						
		4. Required Delivery Date:				9. Contracting Officer Approval Date Losing Gaining						
2. Ship to/Mark For/Phone:		5. Reason For Shipping: A. Contract (Give P.O./Contract No. in Block 6A) <input type="checkbox"/> Repair/Return Under Warranty <input type="checkbox"/> Repair Out of Warranty <input type="checkbox"/> Transfer Between Contracts <input type="checkbox"/> Contract GFE <input type="checkbox"/> Contractor Acquired B. Transfers (Give Gaining & Losing Acct) <input type="checkbox"/> Between NASA and Another Agency <input type="checkbox"/> Between NASA Centers <input type="checkbox"/> Within GSFC Losing Acct: Gaining Acct: C. <input type="checkbox"/> Other (Explain)		7. Ship Prepaid <input type="checkbox"/> Fund Yr JON:		10. Other Approval Date						
				Hand Carry <input type="checkbox"/> Or Ship Collect <input type="checkbox"/> By:		11. Q.A. Approval Date						
ATTN: (NASA/GSFC)						12. Approving Authority Date						
13. Are There Hazardous Items Y/N ____ If Yes, Explain.												
14. ITAR Y/N ____ Commerce Y/N ____ License or Exemption No. ____ ILOA, LOA, or MOU ____ Tech. Contact Phone Fax						Export Approved Date						
15 Item	16. Noun Name, MFG, Model No. Owner's Control Number, Other Unique Identifying Data and Special Instructions				17 FLT/Crit	18 Qty	19 Unit	20. ECN Number	21. Unit Cost	22. Total Cost	23 Wt	24 Dimensions
Area below for Traffic Management Use Only												
Cntr No.	Cntr Type	Dimensions	Weight	Packed By	Date Shipped		Carrier/Mode of Transport			Total Wt	Total Size	
				Checked By	GBL Number		Received By			Date		
					CBL Number							

**INSTRUCTIONS FOR GSFC 20-4 TRANSFER/SHIPPING REQUEST
(SEE GODDARD MANAGEMENT INSTRUCTION 6000.1B)**

- Block 1: Enter the name, address, and phone number of source organization. Also add pickup location (bldg, room no., etc.) and name and phone number of person to contact.
- Block 2: Provide complete name, address, and phone number of destination & consignee. Post office boxes are not acceptable for any mode of transit except the U.S. Mail.
- Block 3: Provide the originator's name, mail code, telephone extension, fax number, and date the document is originated.
- Block 4: Provide the required delivery date for the shipment or effective date for the transfer. (Calendar date only)
- Block 5: Check the proper block for contractor or government shipments. For shipments to a contractor, indicate in Block 6A the contract number. Also, for transfers between contracts, indicate the losing contract number (account) and gaining contract number as "_____ to _____".
- Block 6: Indicate the authority for shipment. For any shipment to a contractor, the contracting officer's concurrence is required. The project name should be given in 6B when available.
- Block 7: Check to indicate whether the shipment is prepaid, collect, or hand-carried. If prepaid, provide the job order number and funding year. If hand carried, enter the name of the person who will carry it.
- Block 8: Signature block for the property custodian, who will review every shipment to ensure proper accounting with the NASA Equipment Management System (NEMS).
- Block 9: Signature block for the contracting officer, which is required for any contractual shipment action identified in block 5A. For transfer between contracts, both losing and gaining contracting officers' signatures are required in this block.
- Block 10: Signature blocks for other signatures that may be required by the originating organization. For shipments to tracking stations, route to Code 533.
- Block 11: Signature block for quality assurance approval. This is required if any items are identified in column 17 as flight or critical hardware.
- Block 12: Signature block for designated final approving authority by the originating organizations. At the GSFC, this is normally the Division Chief/Project Manager or higher.
- Block 13: Indicate with Y or N whether or not the shipment contains hazardous materials. If it does, describe the quantity, type, proper shipping name or UN identification number, and packaging of these materials. Provide Material Safety Data Sheet(s), if available.
- Block 14: This will be completed for any shipment from or to locations outside the United States. The Export Control Office (Code 234), as the Center-designated export approval authority, will complete all applicable portions of Block 14 in coordination with the Originator/Project prior to submission to the Traffic Management Office/Code 239.
- Block 15: Number each line item sequentially.
- Block 16: List each line item and describe by noun name, manufacturer, model number, serial number, stock number, and any other necessary or useful descriptive data. Multiple quantities of serialized or tagged items may be listed as a single line item if the identifying numbers of each are clearly described. If there are any special packing, handling, or shipping instructions, explain them in this block.
- Block 17: Indicate by Y if the item is flight or critical hardware. If Y is entered for any item, Q.A. approval is required in block 11.
- Block 18: Enter the quantity of each line item.
- Block 19: Enter the unit description (i.e., each, package, lot, etc.).
- Block 20: Provide the NEMS Equipment Control Number (ECN) for each applicable line item. If the item is a container, system, or rack, list all ECNs therein.
- Block 21: Enter the unit cost of each line item here. If estimated, precede the cost with "E".
- Block 22: Enter the total cost of each line item here. If estimated, precede the cost with "E".
- Block 23: Provide the actual or estimated weight of the line item, with units of measure. Enter total at bottom.
- Block 24: Provide the actual or estimated dimensions of the line item, with units of measure. Enter total dimension at bottom.
- Block 25: Signature block for person(s) hand carrying and receiving shipment.